

JACKSONVILLE PLASTIC SURGERY, INC.
JOHN J. OBI, M.D.

Dear Patient,

Physicians have always tried to protect the confidentiality of health information by keeping medical records filed away and refusing to reveal your information without your permission. Today, State and Federal laws also attempt to ensure the confidentiality of this information.

The Federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals, other health care providers and health plans. .

This new regulation protects all patients regardless of where they live or where they receive health care. Every time you see a physician, are hospitalized, fill a prescription, or send a claim to insurance, your physician, the hospital or other health care provider will need to consider the privacy rule. All health information including paper records, oral communications, and electronics formats (such as e-mail) are protected by the privacy rules.

The privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions; these rights are not absolute. We also take precautions in our office to safeguard your health information such as training our employees and employing computer security measures. Please feel free to ask your physician or our privacy officer about exercising your rights or how your health information is protected in our office.

The Notice of Privacy Practices of Jacksonville Plastic Surgery, Inc. is available for your review if desired and explains our privacy practices. It contains very important information about how your confidential health information is handled in this office. It also describes how you can exercise your rights with regard to your protected health information.

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Privacy Officer at 346-0060 or discuss any questions you may have with your physician.

I acknowledge I have read The Notice of Private Practices as described above.

Patient _____ Date _____

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